

## EMERGENCY CONTACT INFORMATION FORM

Name of Child \_\_\_\_\_

Nickname \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (Work) \_\_\_\_\_ (Home)

Name and telephone number of person  
to contact if parents are not available \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

Name of physician \_\_\_\_\_

Physician telephone \_\_\_\_\_

Hospital telephone \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_

Persons NOT allowed to pick up child \_\_\_\_\_

Child's general health \_\_\_\_\_

Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

### ADDITIONAL INFORMATION:

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**Daily report:** This does not necessarily need to be included with the "Emergency Contacts," but you should provide information about any significant occurrence since he/she last cared for your child or any upcoming, anticipated changes.

**Examples:**

- child had a restless night,
- child is congested,
- child is teething,
- family or a special friend is moving,
- parents are expecting a new baby,
- parents are separating,
- major illness or death of someone close to the child,
- a missing or ill pet,
- information about a new pet, etc.

